

Diagnosis.—This should be based upon the circumscribed thinning of the skin. Secondly, that the area is discolored. Thirdly, that it occurs in youth.

The most difficult point is to differentiate between the disease and skleroderma. At times this seems almost impossible. The author is inclined to believe that the two are very closely related.

Course and prognosis.—A case of recovery has up to the present time never been recorded.

With regard to treatment, the author thinks that a prophylactic course in the way of a surgical interference over the infected area may be of the greatest benefit.

WIENER.

On the Degenerations Following Cerebellar Lesions. Preliminary Communication.—B. Pelizzi. (*Rivista spirituale di freniatria*, etc.).

P. performed ablation of the medial lobe of the cerebellum on dogs. The consecutive degeneration of tracts of fibres was studied with Marchi's method, with the following results:

1. *Complete degeneration of the superior peduncles of the cerebellum.*

a. Part of the fibres of the retroflexed fascicle of the superior cerebellar peduncles after having crossed the median line at the level of the crossing of the superior cerebellar peduncles turn ventrad and then caudad passing along the raphe to join the medial lemniscus (fillet). They can be traced as a distinct bundle into Gower's tract which they help to form occupying its ventral part

b. Another part of the fibres after crossing the median line with the other fibres of the superior cerebellar peduncles separate into a superior and inferior bundle. The inferior (ventral) bundle joins the lemniscus and ends in the nucleus of the posterior corpus bigeminum. The superior (dorsal) fascicle passes ventrad of the posterior longitudinal fascicle, and is separated from the inferior one by a stratum of normal fibres; it ends partly in the posterior and partly in the anterior corpus bigeminum.

c. The rest of the fibres (of the superior cerebellar peduncles) pass, after the crossing, towards the red nucleus, part end in the latter, part continue their course through the median and lateral laminae of the thalamus to join the internal capsule and can be traced into the white substance of the central convolutions. The crossing of the superior cerebellar peduncles is probably complete.

2. *Brachia cerebelli ad pontem and pons.*

The degeneration is insignificant in the superficial stratum of the pons, considerable in the deep stratum. After crossing the median line part of the degenerated fibres pass cephalad and join the pyramids of the opposite side; in the pes pedunculi they occupy the inferior (ventral) and external part. Another portion of the crossed degenerated fibres join the lemniscus and ascend towards the posterior corpus bigeminum.

3. *Restiform body.*

Degeneration partial, not of the circumscribed bundle but in small patches throughout the whole restiform body. The degenerated fibres become *fibræ arcuatæ internæ* and enter the inferior olive of the opposite side.

4. *Fillet. (Lemniscus).*

Degeneration most intense in the lateral (inferior) fillet in an ascending direction. Most of the degenerated fibres originate from the superior cerebellar peduncles, part come from the corpus trapezoides and pons.

The superior (median) fillet shows degeneration only in its medial and ventral portion; the degenerated fibres originate partly from the superior cerebellar peduncle, partly from the deep pons fibres. Those that occupy the most medial and ventral part of the lemniscus form a circumscribed bundle which probably corresponds to

the fascicle of the fillet to the pes pedunculi and seems to end in the fascicle of Vicq d' Azyr.

5. *Deiter's nucleus.*

It was accidentally injured to such an extent that it was completely degenerated. In spite of this, not the least degeneration in the viii. nerve. From Deiter's nucleus a tract of degenerated fibres could be traced into Gower's tract, another part become fibræ arcuatæ internæ.

6. *Posterior longitudinal bundle.*

It derives its small share of degenerated fibres for the most part from the superior cerebellar peduncle, chiefly from the retroflexed bundle, partly from Deiter's nucleus. A portion of the degenerated fibres viz., those coming from the retroflexed bundle, can be traced downwards to the spinal cord where they become part of Loewenthal's marginal tract.

7. There is also a degeneration of anterior root bundles of the spinal nerves; these degenerated fibres take their origin from Gower's and Loewenthal's tracts.

The other degenerations observed were caused by accidental injury to the nuclei at the floor of the fourth ventricle. ONUF.

Contribution to the Ætiology of Dementia Paralytica, with Especial Consideration of Syphilis.—Houghier (*Allgemeine Zeitschrift für Psychiatrie*, 1894).

The author draws his conclusions with regard to the relation of syphilis to general paresis, in a collection of cases occurring at the Asylum of Lapwik, in Finland, during the years 1875 to 1892.

During these years, 861 males and 659 females were admitted to the asylum. Of these 1,520 patients 107 (98 males and 9 females) suffered from general paresis. The author has carefully tabulated his cases with reference to the active occurrence in both sexes, age, manner of life led by the patients in general, and comes to the following conclusions:

1. That general paresis which is more frequent amongst males than females, is a disease which especially attacks people living in large cities. It does not seem to attack the women of the better class of society.

2. The ætiology seems to be especially in favor of syphilis. The author has shown that this disease (syphilis) plays a very unimportant role in other forms of psychoses when compared to the above.

3. In most cases general paresis occurs between the ages of thirty to forty-five years. It makes its first appearance four to five years after infection with syphilis.

4. The syphilitic symptoms which precede general paresis seem to be of a relatively mild character.

5. In comparison with syphilis, hereditary predisposition and psychical causes; excess in the use of alcohol; sexual excesses and trauma, all held a subordinate position.

6. With regard to the different forms, the maniacal is the most frequent. Next in order is the demented, and finally the melancholic type.

7. Prognosis is unfavorable in all cases. Duration of the disease in 81.8% was four years. In 43.4% two years. Remission were seldom noticed.

8. That general paresis occurring after syphilis, does not show during its course any symptoms which are characteristic of syphilis.

9. No general results were obtained from anti-syphilitic treatment.

10. Autopsies did not show any lesions which were of a syphilitic nature.

WIENER.

CLINICAL.

A Case of Infantile Giantism (Pedomacrosomia) with Tumor of the Testicle.—By E. Sacchi. (*Rivista sperimentale di ginecologia, etc.*, 1895, Fasc. I.). Family history negative. The patient had measles at the age of 4 years, got entirely cured; no other diseases